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\*\* CONTINUING DATA \*\*\*\*\*

OA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

OA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AB</i>	Initials <i>OA</i>		

## ADDRESS

32205

PATTI &amp; BRILL

ONE NORTH LASALLE STREET

44TH FLOOR

CHICAGO, IL

60602

## TITLE

Determination to request mobile station position through employment of call characteristics

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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